

FAMILYHEALTH center

Credentialing and Enrollment Specialist

Responsible for coordinating and maintaining the credentialing, re-credentialing and enrollment process for facilities, medical staff, mid-level practitioners, dental providers and any other licensed independent practitioners (LIPs) from other disciplines whose services are offered through the Family Health Center.

Duties require a thorough knowledge of Family Health Center policies and procedures in order to gather, verify and evaluate confidential provider data and documentation, prepare reports, answer correspondence and conduct research projects. Ensures compliance with accrediting and regulatory agencies (i.e. NCQA, HRSA). Ensures providers are credentialed, appointed, and privileged with insurance or health plans, hospitals and patient care facilities. Maintain up-to-date data for each provider in credentialing databases, files and online systems. Assignments are planned and executed with considerable independence in compliance with established policies and procedures, bylaws, regulations, and laws.

Essential Duties and Responsibilities:

1. Maintains knowledge of standards of Healthcare Organizations, National Committee on Quality Assurance, Health Resources and Services Administration, State and Federal regulations, and other governing organizations as related to Family Health Center.
2. Strategize and assist in establishing systems, processes and methodology for credentialing and enrollment.
3. Maintains open communication with the staff, administration, Family Health Center departments, practitioner's office staff, related health agencies and insurance companies. Identifies and works to solve problems as they arise.
4. Maintains working knowledge of the Family Health Center's bylaws, rules and regulations, and policies, and works to ensure the staff's compliance with the stated parameters.
5. Assists with the on-boarding process in relation to credentialing and enrollment processes of Medical, Dental and other Provider candidates. Provides credentialing education and training to Family Health Center staff.
6. Provides supportive services to Family Health Center leaders in fulfilling the responsibilities of their offices. Participates with same in developing policies under the direction of the Patient Accounts and Billing Manager for the Family Health Center and in monitoring the continuity of Family Health Center activities.
7. Processes facility applications in accordance with accreditation standards, regulatory requirements, and policies and procedures.
8. Verify, research, and respond to telephone inquiries and written inquiries, from providers, insurance companies and other departments, pertaining to credentialing and enrollment status

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in a professional and courteous manner.

9. Provide credential information as directed to insurance companies, government programs, and collaborating organizations or programs as directed.
10. Maintain all additions, terminations, and changes to all insurance plans as appropriate.
11. Update and maintain insurance and communicate accordingly.
12. Prepare and submit insurance forms to insurance agencies, including ensuring Medicaid enrollment for new providers.
13. Creation and/or update of the CAQH, CHAMPS, BCBS, PECOS and other insurance web-based system profiles as necessary. Maintaining this information to keep it up to date for the organization and individual providers.
14. Arranges and attends meetings and conferences as necessary. Assists as needed with agenda and materials preparation.
15. Complies with external and internal organizational policies, State and Federal guidelines, as well as third party liability contract information to assure consistent reimbursement and quality for insurance claims.
16. Comprehensive knowledge to utilize appropriate third party liability (TPL) and government websites (i.e. CHAMPS, WebDenis, HMO Medicaid websites that FHC participates with) to ensure enrollment and credentialing compliance.
17. Maintains copies of current board certification, state licenses, DEA licenses, malpractice coverage and any other required credentialing documents for all providers.
18. Tracks license and certification expirations for all providers to ensure timely renewals.
19. Maintains knowledge of current health plan and agency requirements for credentialing providers.
20. Ensures practice addresses are current with health plans, agencies and other entities.
21. Prepares files for and facilitate the monthly Credentialing Committee.
22. Maintains credentialing and enrollment data in computer database and hard copy file systems.

Minimum Requirements:

Associate's Degree in Business or in a Healthcare related discipline, or equivalent education required. Bachelor's degree strongly preferred. In addition, a minimum of two years of credentialing experience in a healthcare environment strongly preferred. CPMSM and/or CPCS Certification by the National Association Medical Staff Services preferred. Affiliation with the National Association Medical Staff Services and the State Association Medical Staff Services strongly encouraged. Working knowledge of

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CHAMPS, PECOS, and WebDenis are required. Ability to work effectively and efficiently under tight deadlines, high volumes and multiple interruptions. Working knowledge of Microsoft Office required.

How to Apply

Please apply on our [website](#).

Contact Information

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